

No stamp required  
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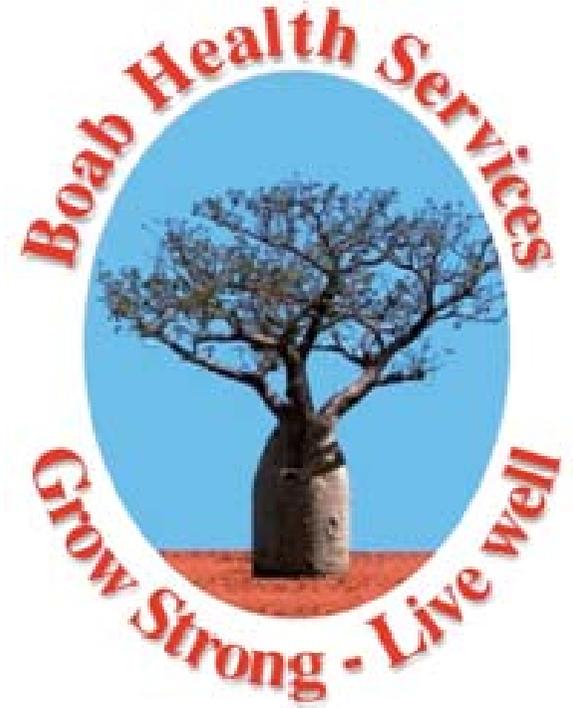
Boab Health Services  
would like to thank you for  
your time in completing this  
survey.



Boab Health Services Pty Ltd  
Reply Paid 1548  
BROOME WA 6725

Delivery Address:  
PO Box 1548  
BROOME WA 6725

Boab Health Services  
Client Feedback Form



You were referred to see a Health Professional/program at Boab Health Services.

We value feedback about your experiences with the program. Your feedback will help us continually improve the service.

Completing this survey is voluntary and will not alter the care you receive. All responses are confidential and will only be used for evaluation purposes.

To ensure your privacy please do not put your name on the survey or provide any other information that may indicate who you are.

After completing the survey please:  
place it in the envelope provided and hand to Boab Health Services  
or  
place in post after sealing address and postage paid side up  
or  
Place in feedback box provided

Type of Service provided \_\_\_\_\_

Optional

Location of service \_\_\_\_\_

Name of Clinician \_\_\_\_\_

1. The first appointment to see a Boab Health clinician/program after being referred was (please circle your response)

1-2 weeks      3-5 weeks  
Not sure

Other (Please State Weeks) \_\_\_\_\_

2.The location of your appointment was convenient.

1.Yes      2. No      3. Unsure

Your comments

\_\_\_\_\_  
\_\_\_\_\_

3. Your appointment with the Boab Health Services clinician has helped you.

1.Yes      2. No      3. Unsure

Your comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.Would you recommend our service to a friend or family member that had health concerns?

1. Yes      2. No      3. Unsure

5. Did you feel free to ask questions and be involved in the decisions about your care?

1. Yes      2. No      3. Unsure

6. How many appointments did you attend? \_\_\_\_\_

\_\_\_\_\_

7. Did you feel this number of sessions was enough?

Yes      No      Unsure

Your comments

\_\_\_\_\_  
\_\_\_\_\_

8. Did you receive any resources or self help information about your health concern?

1.Yes      2. No      3. Unsure

9. Was this resource/information helpful and easy to understand?

1. Yes      2. No      3. Unsure

10. Was your personal privacy and confidentiality respected?

1. Yes      2. No      3. Unsure

11.What did we do well ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is there anything that we could do to improve our service?

\_\_\_\_\_  
\_\_\_\_\_

Boab Health Services would like to thank you for your time in completing this survey